UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

ATTORNEY DOCKET NO. 81618/LPK

To: Mail Stop - Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

VERFAHREN UND VORRICHTUNG ZUR ERKENNUNG EINES OBJEKTES AUF EINER OBERFLÄCHE	Express Mail Label No. <u>EV 325464507 US</u> Date: <u>Mywof 6, 2003</u>
First Named Inventor (or Application Identifier): Dirk Kahl, et al.	Sale: Margasy V and Sales
Enclosed are: 1. X Specification	6. Assignment of the invention to NexPress Solutions LLC
2. 2 Sheet(s) of drawing(s)	7. X Certified German Priority Application No. 102 39 977.8 – Filed: August 30, 2002
 Information Disclosure Statement Under 37 CFR 1.9 Combined Declaration for Patent Application and Power of 4a. New (Unsigned) Copy from a prior application (37 CFR 1.63(d)) 	
5. <u>Incorporation by Reference (useable if Box 4b is</u>	9. <u>Deletion of Inventor(s)</u> .
<u>Checked</u>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

application and is hereby incorporated by reference therein. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following: -- CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,

filed, entitled.

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information: Continuation-in-part (CIP) Continuation Divisional of prior Application No: _

Filed: , Entitled: 12. | X | Please address all written communications to: Lawrence P. Kessler, Patent Department,

NexPress Solutions LLC, 1447 St. Paul Street, Rochester, New York 14653-7103 (U.S.A.) Please Direct all telephone calls to: Lawrence P. Kessler at Telephone No. (585) 253-0123.

The filing fee has been calculated as shown below:

FOR:	NO.	NO. FILED		RATE	FEE
BASIC FEE					\$ 750
TOTAL CLAIMS	9	- 20 =		x 18 =	\$ 0
INDEPENDENT CLAIMS	1	- 3 =		x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$ 0	
				TOTAL	\$ 750

X Please charge the NexPress Solutions LLC, Deposit Account No. <u>50-1466</u> in the amount of:

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A duplicate copy of this sheet is enclosed

X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to: NexPress Solutions LLC, Deposit Account No. 50-1466.

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LPK:cvn / Enclosures

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